1150000 90396

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	EBROKER (ONLINE REALTY LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for tiling.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Maria Camila Murata		
			Name of Person	
			Firm/Company	
-		8430 Nadmar Ave		
			Address	
		Boca Raton, FL 33434		
			City/State and Zip Code	
		camilamurata3@gmail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Maria Camil			at () 812-1412 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	: following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBROKER ONLINE REALTY LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000090396	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADDR	RESS)	
•		<u> </u>
		S COR
Enter new mailing address, if applicable:		PM 3:
(Mailing address MAY BE A POST OFFICE BOX)		3: 3
		F X
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	0	
	Enter Florida street address	
	Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jared Dalto	8430 Nadmar Ave	■ Add
		Boca Raton, FL 33434	🗆 Remove
			Change
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			□ Remove
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		5/10/2018				
Effective date, if other the fan effective date is listed, the	han the date of f e date must be specific	filing:e and cannot be prior	to date of filing or me	optiona (optiona) ore than 90 days after filin	d) ng.) Pursuant to 605.0	0201
Note: If the date inserted document's effective date	in this block does r	not meet the applica	ible statutory tiling			
ne record specifies a c The 90th day after			t an effective ti	me, at 12:01 a.m	i. on the earlie	r o
Dated May, 5th		2018	_			
	Maria	Languabi	_ () ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00